



Delivering the Urgent and Emergency Care Review

Milestone Tracker Template
West Yorkshire & Harrogate
STP

Delivery milestones by workstream (1)

The national delivery milestones for each of the UEC priority workstreams will be achieved in the following timeframe:

Workstream	Activity / initiative	Final Target	Final Target Deadline	2017/18		2018/19		2019/20	
				H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar
NHS 111 online	NHS 111 Online is available in all areas	100%	Dec-17	Awaiting national roll out following pilot testing	Awaiting national roll out following pilot testing	100	100	100	100
	Roll out to % of population	30%	Mar-19	Awaiting national roll out following pilot testing	Awaiting national roll out following pilot testing	Awaiting national roll out following pilot testing	Awaiting national roll out following pilot testing	30	30
	<i>Add other metric as required</i>								
NHS 111 calls	% clinical contact	50%+	Mar-18	30	40	50	50	50	50
	% coverage of integrated urgent care	100%	Mar-19	0 Subject to definitions being clarified	100 Subject to definitions being clarified	100 Subject to definitions being clarified	100 Subject to definitions being clarified	100	100
	% direct booking in hours	30%	Mar-19	8	10	20	25	30	30
	% direct booking out of hours	100%	Mar-19	35	45	75	90	100	100
	<i>Add other metric as required</i>								
GP access	% of GP Practices to meet seven national core requirements	100%	Mar-18	27	48	100	100	100	100
	% population coverage evening and weekend appointments	100%	Mar-19	27	48	50	80	100	100
	<i>Add other metric as required</i>								

Delivery milestones by workstream (2)

The national delivery milestones for each of the UEC priority workstreams will be achieved in the following timeframe:

Workstream	Activity / initiative	Final Target	Final Target Deadline	2017/18		2018/19		2019/20	
				H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar
Urgent Treatment Centres	% of UTCs meeting specification	100%	Dec-19	Awaiting national specification	Awaiting national specification	Awaiting national specification	Awaiting national specification	Awaiting national specification	100
	<i>Add other metric as required</i>								
Ambulances	Continue to work on ARP recommendations	All	Oct-17	yes	yes	yes	yes	yes	yes
	Hear and treat as % of total ambulance activity	N/A	Mar-18	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off
	See and treat as % of total ambulance activity	N/A	Mar-18	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off	Awaiting ARP evaluation & national sign off
	<i>Add other metric as required</i>								
Hospitals	95% A&E 4 hour standard	95%	Mar-18	90%	90	95	95	95	95
	% of patients arriving to ED by ambulance handed over within 15 minutes of the ambulance's arrival	100%	Mar-18	75%	80%	100	100	100	100
	Co-located GP streaming meeting national guidance in place	All	Oct-17	Partially	yes	yes	yes	yes	yes

Delivery milestones by workstream (3)

The national delivery milestones for each of the UEC priority workstreams will be achieved in the following timeframe:

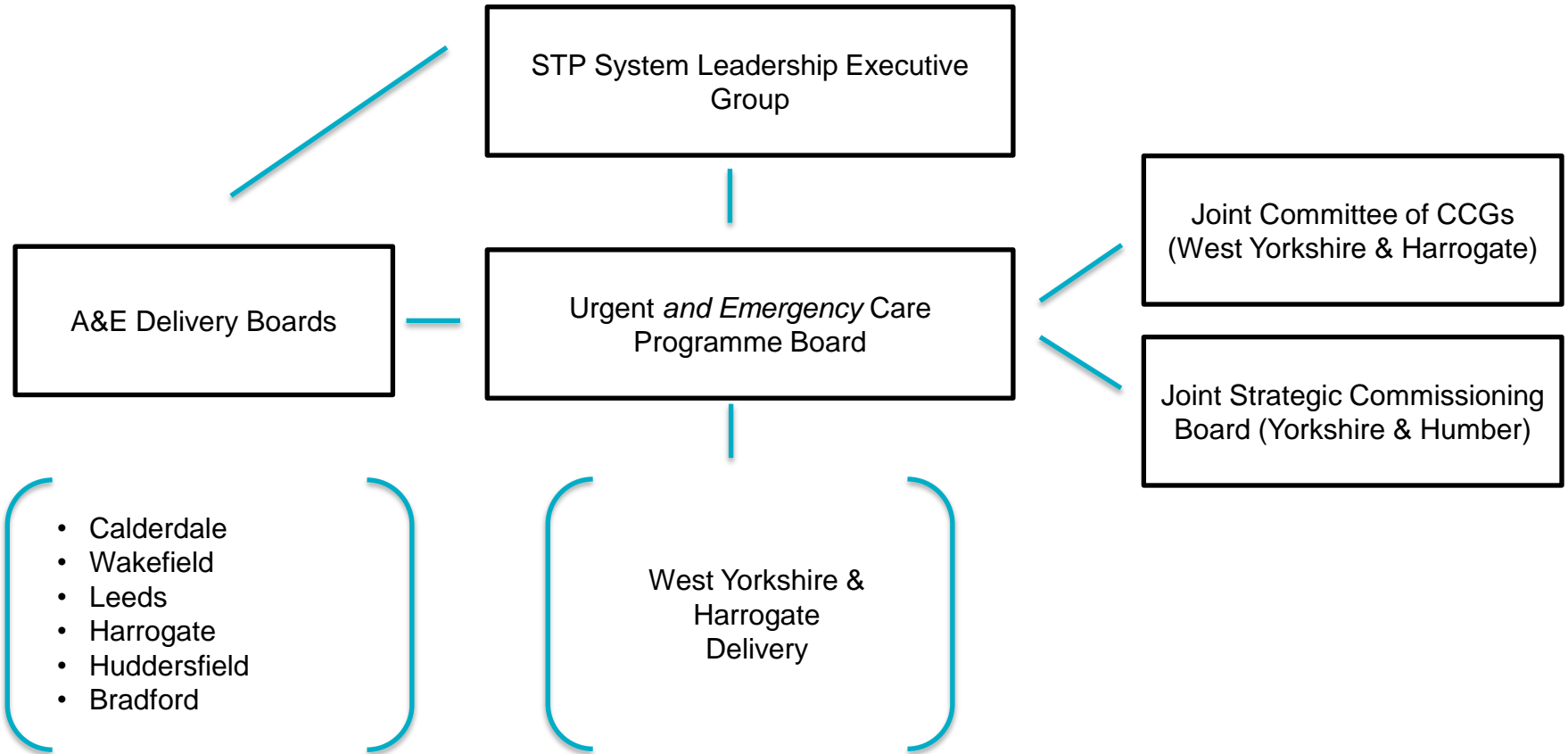
Workstream	Activity / initiative	Final Target	Final Target Deadline	2017/18		2018/19		2019/20	
				H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar	H1: Apr – Sep	H2: Oct - Mar
Hospitals (cont.)	Provision of ambulatory emergency care at least 14-hours a day, 7 days a week	100%	Sep-17	80%	100	100	100	100	100
	Clear frailty pathway in place which includes an early comprehensive geriatric assessment	100%	Sep-17	80%	100	100	100	100	100
	% of wards where SAFER bundle is in place	100%	Sep-17	65%	100	100	100	100	100
	Implementation of the Emergency Care Data Set (ECDS)	N/A	Oct-17	In progress	yes	yes	yes	yes	yes
	% of Trusts have psychiatric liaison services in place	25%	Mar-18	25	25	25	50	50	50
	<i>Add other metric as required</i>								
Hospital to home	Reduce delayed transfers of care to 3.5%	3.5%	Sep-17	4.5%	3.5	3.5	3.5	3.5	3.5
	CHC full assessments in acute settings	<15%	Mar-18	20%	15%	15	15	15	15
	High Impact Change 1: Implement early hospital discharge planning	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 2: Implement system to monitor patient flow	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 3: Implement multidisciplinary discharge teams	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 4: Home First/Discharge to Assess scheme in place	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 5: Seven-day service in place	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 6: Trusted Assessor models in place	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 7: Promoting choice and self-care for patients	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	High Impact Change 8: Enhanced health and care services in care homes	N/A	Sep-17	Partially	yes	yes	yes	yes	yes
	<i>Add other metric as required</i>								
Other	% of acute hospitals that meet the 'core 24' service standard for adults	13%+	Mar-18	0	12.5%	13	25	50	50
	<i>Add other metric as required</i>								

Risks to delivery

1. **Workforce Challenge** – for example numerous initiatives requiring GP staffing as a core requirement. Recruitment of staff into a variety of roles to support the UEC agenda is a real issue locally. Impact of IR35 across primary & secondary care leaves some patches significantly understaffed. This makes the 7 days services element particularly challenging.
2. **Finance challenge** - For several elements there is a financial impact and we are unclear what arrangements are in place to support these as they are not in Trust plans and therefore are not included in control totals.
3. **National Guidance** – several elements are awaiting national documents being published and implementation may be delayed as a consequence.
4. **Service reconfiguration processes** – in this patch transformation is dependent on service reconfigurations that are either planned and underway (including some capital builds). Some of the timescales of these are at odds with the timescales of delivery in the milestone tracker.
5. **Sustainability and capacity of care home and home care provision** - affects the ability to discharge timely.
6. **Patient demand** – WY&H STP has seen a significant increase in demand for UEC in the past year despite numerous initiatives and communication strategies to divert this. If this demand is sustained delivery against these targets will be difficult.
7. **Interdependencies with other plans** – delivery relies on all services that touch on the UEC pathway having plans that are aligned and able to deliver against the trajectories i.e. community services, voluntary sector.
8. **Challenged trusts/communities** – in the WY&H STP there are some organisations/communities for which delivery of these trajectories will be difficult.
9. **Milestone definitions and measurement** – the definitions for each of the milestones and what we are counting are not clear in all cases and we are awaiting further guidance on some of these. The blanket nature of the targets is a significant risk and we believe targets should be incrementally set.

Delivery mapping

This slide describes how this regional level milestones maps to STPs and LDBs:



(Please note this slide has been updated since submitted to NHS England on 23 June 2017)